

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation ONE PITTSBURGH			3. FEC Identification Number C C90016205
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1500 N. 2ND STREET SECOND FLOOR			
(c) City, State and ZIP Code HARRISBURG PA 17102			
2. Occupation and Name of Employer (for Individual Filers Only)			

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
- July 15 Quarterly Report 24-Hour Report
- October 15 Quarterly Report 48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
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5. COVERING PERIOD:

FROM

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
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THROUGH

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
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6. TOTAL CONTRIBUTIONS.....	0.00
7. TOTAL INDEPENDENT EXPENDITURES	21109.86

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Erin Kramer

Erin Kramer

09/10/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee Mission Control		Date of Public Distribution/Dissemination 09 / 08 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4315
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: HILLARY RODHAM CLINTON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10030.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Mission Control		Date of Public Distribution/Dissemination 09 / 08 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4316
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: DONALD J. TRUMP		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10290.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Mission Control		Date of Public Distribution/Dissemination 09 / 08 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4317
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: KATHLEEN ALANA MCGINTY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4255.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	780.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 09 / 01 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 208.13	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4231
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: HILLARY RODHAM CLINTON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1393.91		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 09 / 01 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 208.13	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4233
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: KATHLEEN ALANA MCGINTY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 801.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 09 / 01 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 208.13	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4234
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: DONALD J. TRUMP		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1602.04		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	624.39
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 09 / 02 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 208.13	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4238
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: HILLARY RODHAM CLINTON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2995.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 09 / 02 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 208.13	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4239
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: DONALD J. TRUMP		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3204.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 09 / 02 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 208.13	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4240
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: KATHLEEN ALANA MCGINTY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1602.04		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	624.39
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 09 / 03 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 208.13	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4244
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: HILLARY RODHAM CLINTON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3412.21		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 09 / 03 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 208.13	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4245
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: DONALD J. TRUMP		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3620.34		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 09 / 03 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 208.13	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4246
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: KATHLEEN ALANA MCGINTY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1810.17		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	624.39
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 09 / 06 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 500.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4250
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: HILLARY RODHAM CLINTON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 7084.79		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 09 / 06 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 500.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4251
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: DONALD J. TRUMP		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 7584.79		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 09 / 06 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 500.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4252
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: KATHLEEN ALANA MCGINTY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2903.06		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 09 / 07 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 500.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4256
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: HILLARY RODHAM CLINTON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 9270.57		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 09 / 07 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 500.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4257
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: DONALD J. TRUMP		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 9770.57		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 09 / 07 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 500.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4258
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: KATHLEEN ALANA MCGINTY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3995.95		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 500.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4262
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: HILLARY RODHAM CLINTON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10790.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 500.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4263
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: DONALD J. TRUMP		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11290.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 500.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4264
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: KATHLEEN ALANA MCGINTY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4755.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 09 / 09 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 500.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4269
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: HILLARY RODHAM CLINTON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 12982.35		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 09 / 09 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 500.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4270
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: DONALD J. TRUMP		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 13482.35		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 09 / 09 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 500.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4271
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: KATHLEEN ALANA MCGINTY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5848.84		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 01 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 592.89	
City Harrisburg	State PA	Zip Code 17102	
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses		Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: HILLARY RODHAM CLINTON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.4235

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 01 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 592.89	
City Harrisburg	State PA	Zip Code 17102	
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses		Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DONALD J. TRUMP		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.4236

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 01 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 592.89	
City Harrisburg	State PA	Zip Code 17102	
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses		Category/Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KATHLEEN ALANA MCGINTY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.4237

(a) SUBTOTAL of Itemized Independent Expenditures.....	1778.67
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 02 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 592.89	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4241
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: HILLARY RODHAM CLINTON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2194.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 02 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 592.89	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4242
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: DONALD J. TRUMP		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2787.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 02 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 592.89	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4243
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: KATHLEEN ALANA MCGINTY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1393.91		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1778.67
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 05 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 592.89	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4247
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: HILLARY RODHAM CLINTON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4213.23		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 05 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 592.89	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4248
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: DONALD J. TRUMP		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4806.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 05 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 592.89	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4249
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: KATHLEEN ALANA MCGINTY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2403.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1778.67
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 06 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 592.89	
City Harrisburg	State PA	Zip Code 17102	
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses		Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: HILLARY RODHAM CLINTON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5399.01		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 06 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 592.89	
City Harrisburg	State PA	Zip Code 17102	
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses		Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DONALD J. TRUMP		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5991.90		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 06 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 592.89	
City Harrisburg	State PA	Zip Code 17102	
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses		Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KATHLEEN ALANA MCGINTY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6584.79		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1778.67
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 07 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 592.89	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4259
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: HILLARY RODHAM CLINTON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8177.68		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 07 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 592.89	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4260
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: DONALD J. TRUMP		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8770.57		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 07 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 592.89	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4261
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: KATHLEEN ALANA MCGINTY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3495.95		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1778.67
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 08 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 598.89	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4265
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: HILLARY RODHAM CLINTON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11889.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 08 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 592.89	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4265
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: DONALD J. TRUMP		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 12482.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 08 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 592.89	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4267
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: HILLARY RODHAM CLINTON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5348.84		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1784.67
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 09 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 592.89	
City Harrisburg	State PA	Zip Code 17102	
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses		Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: HILLARY RODHAM CLINTON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 14075.24		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 09 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 592.89	
City Harrisburg	State PA	Zip Code 17102	
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses		Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DONALD J. TRUMP		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 14668.13		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 09 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 592.89	
City Harrisburg	State PA	Zip Code 17102	
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses		Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KATHLEEN ALANA MCGINTY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6441.73		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1778.67
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	21109.86